



Request for Information – Response
October 16, 2020

TO: Texas House Committee on Public Health
PublicHealth@house.texas.gov

FROM: Lee Johnson, MPA
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RE: Request for Information (RFI) Response for Interim Charge 3 – Due October 16th

Interim Charge 3: Review behavioral health capacity in the state, with a focus on suicide prevention efforts and the provision of behavioral health care services to individuals with intellectual and developmental disabilities. Review suicide prevention programs and initiatives across state agencies, evaluate their effectiveness, and identify opportunities for greater coordination. Identify gaps in the continuum of care for individuals with disabilities and challenges for those providing care to them. Additionally, identify any existing administrative and licensing barriers that negatively affect overall behavioral health capacity in the state.

The Texas Council represents the 39 Community Mental Health and Intellectual Disability Centers (Centers) throughout Texas statutorily authorized to coordinate, provide, and manage community-based services, as alternatives to institutional care, for persons with intellectual and developmental disabilities (IDD), serious mental illness, and substance addictions. In many areas of the state Centers are known as Local Mental Health Authorities (LMHAs) and Local IDD Authorities (LIDDAs).

The current Texas crisis response system established with the 39 Local Mental Health Authorities (LMHAs) includes crisis hotline services and mobile crisis outreach teams. To further enhance the crisis response system, HHSC has two important grant initiatives focusing on suicide prevention effort. Additional legislative funding and support will be necessary to sustain the suicide prevention work in Texas.

The first suicide prevention grant Suicide Care Initiative (SCI) is a Mental Health Block Grant funded program, aimed at enhancing suicide safer care through implementation of the Zero Suicide framework within behavioral healthcare in Texas.

The SCI consists of three pilot projects:

- Project #1- Develop four Regional Suicide Care Support Centers (RSCSCs) to serve as regional suicide care workforce development and technical assistance leads for other LMHAs in their region.
 - RSCSCs are The Harris Center, Integral Care, Tropical Texas, and MHMR of Tarrant County
- Project #2- Enhance suicide safer care at each of the RSCSCs through the establishment of the Zero Suicide framework throughout their agency.
- Project #3- Enhance and increase Lifeline calls answered in-state.

The second National Suicide Prevention Lifeline Capacity Building Grant provides funding to increase capacity of Lifeline calls being answered and addressed within Texas. The Lifeline provides 24/7, free, and confidential support for people in distress, suicide prevention and crisis resources, and best practices for professionals.

- The Suicide Risk Assessment Standards used for Lifeline calls are evidence-based
- Per Lifeline, 98 percent of all calls are resolved through support of call center staff so that emergency dispatch is not needed.
- Answering more Lifeline calls would avoid costs to the community in the form of emergency service utilization (medical, law enforcement, hospital emergency rooms).
- According to SAMHSA funded evaluations, Lifeline follow-up calls to individuals at risk of suicide have benefit. Eighty percent of individuals say calls helped keep them safe with half saying the calls were a primary factor in stopping them from suicide.
- 1 in 4 Lifeline callers are in suicidal distress, so if Texas answers more Lifeline calls it will connect Texans to life saving support and resources.

There are five Lifeline affiliated call centers in Texas:

- The Suicide & Crisis Center
- The Harris Center
- Integral Care
- Emergence Health Network
- ICARE Call Center of MHMR Tarrant

To be part of the Lifeline network, a crisis center must:

- Be certified, accredited, or licensed by an external body
- Follow specific standards for answering Lifeline calls
- Be willing to participate in Lifeline evaluation activities
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The Lifeline in Texas: 2018 Data

- In 2018, of the 2.5 million Lifeline calls received, 192,341 were from Texas
- 54,028 individuals pressed “1” to be directed to the Veterans Crisis Line
- 5,502 pressed “2” for Lifeline’s Spanish Language Line
- For the remaining 132,811 Lifeline calls, only 31,079 (23%) were answered in state.
- 101,732 calls were routed to Lifeline’s national back-up network.

The 101,732 calls unanswered by a Texas Lifeline affiliated call center due to lack of Lifeline coverage means the call was routed to a Lifeline national back-up center thus:

- Texans experienced longer wait times to get connected to mental health crisis and suicide support
- Individuals are more likely to abandon the call
- Individuals are less likely to get localized care and support
- Only five Lifeline affiliated call centers provide coverage. Call volume often exceeds their capacity.

Goal: Improve the in-state answer rate from 31 percent* to 70 percent by the end of fiscal year 2021.

- This requires answering an estimated 117,977 additional Lifeline calls.
- 54,873 additional Lifeline calls in grant year one.
- 63,104 Lifeline calls in grant year two.
- This grant allows Texas' Lifeline affiliated centers to answer a large amount of calls that would go unanswered by expanding their coverage area.

In July 2020, the Federal Communication Commission (FCC) voted unanimously to finalize 9-8-8 as the number Americans can call to be directed to the National Suicide Prevention Lifeline. The transition will begin July 16, 2022. The three digit 9-8-8 number for mental health crisis calls will make reaching needed mental health crisis support much easier. With ease of access, there is urgency to support the current Center Lifeline providers and continue to build capacity in preparation of the implementation of 9-8-8. Additionally, it is important to address the fact that as awareness and use of the 9-8-8 increases, there will be an increased demand for mental health services to address the needs of those callers.

IDD Related

We greatly appreciate HHSC's recognition of the need for specialized outpatient mental health services for persons with intellectual and developmental disabilities (IDD) and for including the strategy as part of Exceptional Item 22 in the agency's FY2020-21 LAR. Additionally, we are grateful for the 86th Legislature's approval to appropriate \$3 million in HHSC's Budget Goal F.1.3 (Non-Medicaid IDD Community Services) to pilot these services. This investment seeks to provide specialized care for persons with intellectual disabilities who also have mental health conditions and behavior support needs to prevent crisis situations and avoid costly institutionalization or incarceration.

The needs of individuals with IDD and co-occurring behavioral health needs are distinct from the broader population and require specialized services. This pilot will provide an approach for meeting the needs of individuals with IDD and co-occurring behavioral health needs through a framework that takes into account biological, psychological, and social aspects that may impact a person's mental health and well-being.

While expanding specialized services statewide will require additional investment, a small investment in the short-term will allow HHSC to further understand how to expand services incrementally and efficiently. The investment is anticipated to yield a better understanding of how to approach services for this population, inform future service delivery, and better assist individuals with IDD experiencing mental health crises to remain in the community.